

**PUBLIC INFORMATION & COMMUNICATION SERVICES  
NIH TASK ORDER (For Use by Other Federal Agencies)**

**RFTOP NUMBER: RFTOP 263 (CDC 32)**

**TITLE:** Evaluation of the Heads Up: Concussion in High School Sports Toolkit for Athletic Coaches

**PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS**

**A. Point of Contact Name:**

Helen Mitchell

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CDC/PGO

Helen Mitchell, Contract Specialist

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**B. Proposed Period of Performance:** The performance period begins with date of award and the overall end date is **December 1, 2006**.

**C. Pricing Method:** Cost Plus Fixed Fee

**D. Proposal Instructions:** Proposals are to be submitted via email to Helen Mitchell, [hjm3@cdc.gov](mailto:hjm3@cdc.gov) by July 29, 2005 at 4PM EST.

Questions are to be submitted via email to Helen Mitchell, [hjm3@cdc.gov](mailto:hjm3@cdc.gov) by July 15, 2005.

**Project Officer: Brittney Spilker, Office of Health Marketing DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
OFFICE OF COMMUNICATION  
ATLANTA, GEORGIA 30333**

## **REQUEST FOR TASK ORDER PROPOSAL**

**Contract Reference:** This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded. This RFTOP includes tasks described in the contract as Tasks 1 and 5.

**Page Suggestion:** No more than 25 pages is suggested for the proposal. Attachments for such items as bios and CVs are allowed.

**Budget format suggestion:**

One itemized budget for all tasks is sufficient. Include itemized budget for any subcontractors.

**Funding Range:** (check one)

- ☐ Under 100,000
- ☒ Over \$100,000 but less than \$300,000
- ☐ Over \$300,000 but less than \$500,000
- ☐ Over \$500,000 but less than \$700,000
- ☐ Over \$700,000 but less than \$1,000,000
- ☐ Over \$1,000,000

**Type of Pricing Requested:** (check one)

- ☒ Cost Plus Fixed Fee
- ☐ Other (Specify) \_\_\_\_\_

**Background:**

Every year, approximately 1.4 million Americans sustain traumatic brain injuries (TBI). Many are released from medical care without hospitalization or never receive medical care at all. An unknown proportion of those who are not hospitalized may experience long-term disability such as persistent headache, confusion, pain, cognitive and/or memory problems, fatigue, difficulties with sleep patterns, mood changes, or vision or hearing problems. Older people and teenagers are two of the highest risk groups for TBIs.

An estimated 300,000 sports-related TBIs of mild to moderate severity,<sup>1</sup> most of which can be classified as concussions (i.e., conditions of temporary altered mental status as a result of head trauma), occur in the United States each year. The proportion of these concussions that are repeat injuries is unknown; however, there is an increased risk for subsequent concussion among persons who have had at least one previously.<sup>2,3</sup> Repeated concussions occurring over an extended period (i.e., months or years) can result in cumulative neurologic and cognitive deficits,<sup>4,5</sup> but repeated concussions occurring within a short period (i.e., hours, days, or weeks) can be catastrophic or fatal. The latter phenomenon, termed "second impact syndrome," has been reported more frequently since it was first characterized in 1984.<sup>6,7,8</sup>

In April 2005, the CDC's National Center for Injury Prevention and Control developed *Heads Up: Concussion in High School Sports* aimed at raising awareness and educating coaches about concussion; helping coaches educate their athletes, athletes' parents, and other school officials about concussion; and providing other related information that can facilitate coaches' understanding and management of concussion.

The main goal of this initiative is to raise awareness among coaches, athletes, parents, and school officials about sports-related concussion and the need to manage concussions appropriately (i.e., to develop an emergency plan).

To develop the tool kit, CDC obtained input from an expert panel, conducted an assessment of existing materials on this topic, conducted two telephone focus groups with the target audience of coaches and reviewed scientific literature. The expert group consisted of professionals representing a variety of athletic, medical, and nonprofit organizations. The focus groups consisted of a total of 20 male and female coaches, representing a mix of athletic activities for both male and female high school students, as well as a range of schools of varying sizes, locations, and socioeconomic student populations. These information resources were all considered in developing appropriate primary and secondary target audiences, messages, content, format, dissemination strategies, partnerships, and promotional activities.

The tool kit, *Heads Up: Concussion in High School Sports* comprises the following materials: an introductory letter from CDC, a guide for coaches (brochure), a pocket card for quick reference on the field of play, fact sheets for athletes and parents in English and Spanish, training room poster, a video featuring a segment produced by PBS's News Hour, and a CD-ROM with downloadable kit materials, relevant resource materials and journal articles.

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<sup>1</sup> Sosin DM, Snizek JE, Thurman DJ. Incidence of mild and moderate brain injury in the United States, 1991. *Brain Inj* 1996;10:47-54

<sup>2</sup> Salcido R, Costich JF. Recurrent traumatic brain injury. *Brain Inj* 1992;6:293-8.

<sup>3</sup> Annegers JF, Grabow JD, Kurland LT, Laws ER Jr. The incidence, causes, and secular trends of head trauma in Olmsted County, Minnesota, 1935-1974. *Neurology* 1980;30:912-9.

<sup>4</sup> Jordan BD, Zimmerman RD. Computed tomography and magnetic resonance imaging comparisons in boxers. *JAMA* 1990;263:1670-4.

<sup>5</sup> Gronwall D, Wrightson P. Cumulative effect of concussion. *Lancet* 1975;2:995-7.

<sup>6</sup> Saunders RL, Harbaugh RE. The second impact in catastrophic contact-sports head trauma. *JAMA* 1984;252:538-539.

<sup>7</sup> Kelly JP, Nichols JS, Filley CM, Lillehei KO, Rubinstein D, Kleinschmidt-DeMasters BK. Concussion in sports: guidelines for the prevention of catastrophic outcome. *JAMA* 1991;266: 2867-9.

<sup>8</sup> Cantu RC, Voy R. Second impact syndrome: a risk in any contact sport. *Physician and Medicine* 1995;23:27-34.

Tool kit content includes:

- Definition of concussion, incidence, and risk factors;
- Explanation of who is at risk;
- A list of signs and symptoms of concussion;
- Advice on management of concussion, regardless of degree of perceived seriousness;
- Information about effective prevention strategies; and
- Suggestions for coaches' roles in concussion education, prevention, and communication with athletes, their families, and other school officials.

Currently, a pilot study is being conducted to assess school coaches' appraisal, perceptions, intentions to use, and actual use of the tool kit materials. The study will survey, by telephone, school coaches employed in the five states of California, Maine, Michigan, North Carolina, and Texas who have been provided a tool kit. The target number of completed surveys is 1,000, with 200 per state. The responses to these items will provide practical and useful information to CDC from which well-informed decisions can be made regarding final revisions and production.

**CDC obtained OMB clearance to conduct this study and was granted an extension for up to 3 years for data collection.**

The national roll-out for the tool kit is planned for September, 2005. Copies will be distributed to coaches nationwide through state and local coach's association lists. Media and promotion campaigns will also be in place to announce the availability, the potential benefits of the kit, and to raise awareness among high school athletes and coaches, parents, and other school staff about concussions.

This will be the first time a federal agency has developed and disseminated a concussion tool kit for high school coaches. Therefore, the impact and success of this project will give insight into potential avenues to reach target and at risk populations and may guide future national, state, and local efforts to prevent and respond to TBIs among athletes and other at risk populations.

### **Description of Work:**

The purpose of this evaluation study is to determine the kit's impact, effectiveness at reaching and appealing to its intended audience, and its sustainability as an important TBI resource. To obtain this information, the evaluation should focus on identifying and determining usage, readability, and whether the information learned from the materials is retained and put into practice. In order to evaluate the kit's sustainability, the evaluation survey should be conducted in two phases: an initial survey (six months after the national roll-out) and a follow-up survey (one year after the national roll-out).

1. Conduct a survey to evaluate the usefulness and sustainability of the coach's toolkit six months after the national roll-out. The evaluation survey should be designed to obtain information on, but is not limited to, the following:
  - a. Overall appeal of the kit
  - b. Kit's ease of use
  - c. Readability and level (difficulty) of the content
  - d. Practicality and relevance of the information

- e. Usefulness of specific kit materials (guide for coaches, video, posters, etc.)
  - f. Indicate whether they have used or plan to use the materials
  - g. How often do they use these materials
  - h. Is the kit a coach's first exposure to information on TBI
  - i. Is the kit a coach's primary resource for information on TBI (What other sources are used)
  - j. Describe potential or actual benefits from using the kit
    - Have ideas or practices changed because of the information in the kit (better monitoring of athletes, referrals to medical or rehabilitation services, use of safety gear, treatment of injuries, changes in the duration of practices or game time, etc)
    - Indicate whether or not kit materials will be used to develop or revise the school's plans for addressing concussions
  - k. Suggestions for improving the kit
2. Conduct a survey to evaluate the usefulness and sustainability of the coach's toolkit one year after the national roll-out. This evaluation should contain similar content to the initial six-month survey (see examples listed above), and may also include questions to determine sustainability and long-term impact. The following list contains some suggestions on content:
- Has the information learned from the kit been retained and put to use
  - Have opinions about the appeal or usefulness of the kit changed throughout the year
  - How often have the materials been used throughout the year
3. Prepare a report that examines the findings of both the initial and the follow-up evaluation surveys. Using the findings from both surveys, the report should also attempt to give evidence to whether or not the kit has effectively reached and appealed to its intended audience, if it has had a public health impact, and whether it is sustainable TBI resource.

***\*\*Please note: As mentioned in the description of work, OMB clearance was obtained for the initial pilot study and a 3 year extension was granted for data collection. It is anticipated that this clearance will apply to this study.***

**Items from CDC appropriate for preparation of proposals:**

Website for the National Center for Injury Prevention and Control ([www.cdc.gov/injury](http://www.cdc.gov/injury)).

OMB approved package for the pilot study conducted on the coach's tool kit. Electronic files are available and will be sent with this RFTOP.

**Item from CDC appropriate for task completion:**

Findings from the on-going tool kit pilot study will be provided to the contractor upon award of the contract.

**Deliverables:**

**Phase 1:**

1. Submit OMB paper work (if any is needed) to CDC by **September 16, 2005**.

2. Develop an evaluation plan for the initial evaluation survey by **December 16, 2005**.
3. Conduct initial evaluation survey of tool kit recipients (six months after national roll-out) by **March 17, 2006**.
4. Create a preliminary report based on the findings from the initial evaluation survey by **May 1, 2006**.

**Phase 2:**

1. Develop an evaluation plan for the follow-up evaluation survey by **June 16, 2006**.
2. Conduct follow-up evaluation survey of tool kit recipients (one year after national roll-out) by **September 15, 2006**.
3. Develop a report based on findings from both the initial and follow-up evaluation surveys by **December 1, 2006**.

**Period of Performance:**

The performance period begins with date of award and the overall end date is **December 1, 2006**.

**Special Clearances:**

*Check all that apply:*

- ☒ OMB  
☒ Human Subjects  
☒ Privacy Act

**Production Clearances:**

- ☐ 524 (concept)  
☐ 524a (audiovisual)  
☐ 615 (printing)

**Evaluation Criteria:**

- A. Award: This task order will be awarded to the contractor whose proposal is considered to be the most advantageous to the Government, price and other factors identified below considered. ***Technical factors will be more important than the cost in this evaluation.*** The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.

- B. Technical Evaluation:  
Technical evaluation for this RFTOP are as follows:

Criteria	Points or relative <u>Value of criteria</u>
Technical Approach	<u>40%</u>
Staffing and Management	<u>20%</u>
Similar Experience	<u>20%</u>
Expert Recommendations	<u>10%</u>
Prior Experience	<u>10%</u>

**Technical Approach:**

Contractors are to provide a discussion of their technical approach for providing the services required for this task order.

***This criteria will be evaluated according to the soundness, practicality, and feasibility of the contractor's technical approach for providing the services required for this task order.***

**Staffing and Management:**

Contractors are to provide (1) a staffing plan that demonstrates their understanding of the labor requirements for this task order; and (2) a management plan that describes their approach for managing the work, to include subcontract management if applicable.

***This criteria will be evaluated according to the soundness, practicality, and feasibility of the offeror's staffing and management plans for this task order.***

**Similar Experience:**

Provide information reflecting the contractor's organizational capacity for projects similar in complexity and scope.

***This criteria will be evaluated to determine appropriate experience of assigned personnel.***

**Expert Recommendations:**

Contractors are to provide ideas and/or suggestions about creative and/or innovative ways to accomplish either the processes or products described in this task.

***This criteria will be evaluated by examining the creative ideas offered and the rationale that supports the ideas presented.***

- C. Cost Evaluation: A cost analysis of the cost proposal shall be conducted to determine the reasonableness of the contractor's cost proposal.

**Proposed Technical Monitor:**

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**Project Officer: Brittney Spilker, Office of Health Marketing**